

ADAMCON 10 REGISTRATION FORM

NAME _____ SPOUSE _____

ADDRESS _____ PHONE: _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

CHILDREN: 1st _____ AGE ____ 2nd _____ AGE ____

If travelling alone and wish to share a room, check here _____
Enter name of person you wish to have as a roommate, if known _____

Do you wish to be in a non-smoking room? YES _____ NO _____

Delegate	\$270.00	_____
Non-Delegate Spouse	\$200.00	_____
Non-Delegate Child	\$ 60.00	_____
Delegate Child	\$120.00	_____

Single room
+\$30.00 per night _____

Day Pass (lunch only; see fee schedule for other configurations)

Friday	\$ 24.00	_____
Saturday	\$ 24.00	_____
Sunday	\$ 30.00	_____

T-Shirt \$ 10.00 _____
sizes M L XL XXL

Hat \$ 8.00 _____

TOTAL	_____
DEPOSIT/PAID	_____
BALANCE DUE	_____

Make checks (payable in U.S. funds) to "ADAMCON 10" and send with completed registration form to:

ADAMCON 10
2261 ShadeTree Lane S.E.
Kentwood, MI 49546-7585
USA
E-mail: 72117.3003@compuserve.com

We will see you at ADAMCON 10 in Orlando, Florida come October 8th!